



**Safe Zone Program**  
**Minnesota State University Moorhead**  
**Minnesota State Community and Technical College**

**TRAINING REGISTRATION FORM**

All requested information must be filled out to be registered for Safe Zone Training offered by Minnesota State University Moorhead and Minnesota State Community and Technical College. Please turn in this form to your institution's Office of Diversity and Inclusion (**MSU Moorhead:** 114 Comstock Memorial Union / **M State:** Moorhead Campus D120-g) or email your application to [olivia.matthews@mnstate.edu](mailto:olivia.matthews@mnstate.edu) or [brian.xiong@minnesota.edu](mailto:brian.xiong@minnesota.edu).

**PARTICIPANT INFORMATION:**

First Name: \_\_\_\_\_ M. Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Institution: ( ) MSU Moorhead ( ) M State

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any previous safe zone or LGBTQ+ training experience: \_\_\_\_\_

**CERTIFICATE INFORMATION:**

Full Name: \_\_\_\_\_

*(Write your name as you want it to appear on your certificate)*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Submit completed form to the Office of Diversity and Inclusion:**

( ) MSU Moorhead  
114 Comstock Memorial Union  
1104 7<sup>th</sup> Avenue South  
Moorhead, MN 56563  
Email to: [olivia.matthews@mnstate.edu](mailto:olivia.matthews@mnstate.edu)

( ) M State  
Moorhead Campus – D120g  
1900 28<sup>th</sup> Avenue South  
Moorhead, MN 56560  
Email to: [brian.xiong@minnesota.edu](mailto:brian.xiong@minnesota.edu)

**For Office of Diversity and Inclusion Use Only:**

Received Date: \_\_\_\_\_

Application is approved as submitted: \_\_\_\_\_

*(Approved by Office of Diversity and Inclusion)*